24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		<u> </u>		
National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼		
		C C00490375		
Check if 24-hour report X 48-hour report New repo	rt Amends report filed	on M = M / D = D / Y = Y = Y		
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination		
lowa caucus		12 04 2015		
Mailing Address 2000 Franklin Street		Amount		
City	7in Codo	5000.00		
	Zip Code 94612	5000.00 Transaction ID : D691080		
	94012	Date of Disbursement or Obligation		
Purpose of Expenditure Online advertising	Category/ Type	12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Office	Sought: House District: 00		
BERNARD SANDERS		President Senate State: IA		
Calendar Year-To-Date		rsement For: X Primary General		
Per Election for Office Sought	5000.00 2016	Other (specify)		
Full Name of Payee		Date of Public Distribution/Dissemination		
California Nurses Association Nevada primary		12 04 2015		
Mailing Address 2000 Franklin Street		12 04 2013		
2000 Frankin Orock		Amount		
City State	Zip Code	5000.00		
Oakland CA	94612	Transaction ID : D691081		
		Date of Disbursement or Obligation		
Purpose of Expenditure Online advertising	Category/	12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Type			
Name of Federal Candidate	X Support Office	Sought: House District: 00		
BERNARD SANDERS	Oppose X	President Senate State: NV		
Calendar Year-To-Date		rsement For: X Primary General		
Per Election for Office Sought	5000.00 2016	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	10000.00		
(1) OUDTOTAL (11):				
(b) SUBTOTAL of Unitemized Independent Expenditures	•	7 7		
(c) TOTAL Independent Expenditures				
(c) TOTAL independent Experiorities	•	7 7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
, , , , , , , , , , , , , , , , , , , ,				
Carolyn Hietamaki	nglly Filadl	M / D D / Y Y Y Y		
Signature	cally Filed] Date 12	2 10 2015		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) National Nurses United for Patient Pi	rotoction			FEC IDENTIFICATION NUMBER ▼	
National Nuises Office for Patient Pl	otection			C C00490375	
Check if 24-hour report X 48-hour report	New rep	oort Amends repo		M / D D / Y B Y B Y B Y	
Full Name of Payee			Date of	of Public Distribution/Dissemination	
Autumn Press			M	12 03 7 2015	
Mailing Address 945 Camelia St			Amou	nt	
City	State	Zip Code	— I	1376.54	
Berkeley	CA	94710-1437		action ID : D691083 of Disbursement or Obligation	
Purpose of Expenditure Printing		Category/ Type		12 07 7 2015	
Name of Federal Candidate		Support	Office Sough	t: House District:00	
Bernie Sanders		Oppose	X Preside	ent Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought	7	7484.44	Disbursemen 2016 O	t For:	
Full Name of Payee			Date	of Public Distribution/Dissemination	
Alliance Graphics			IV	12 08 2015	
Mailing Address 1101 8th Street			Amou	nt	
City	State	Zip Code		6007.90	
Berkeley	CA	94710		oction ID : D691084 of Disbursement or Obligation	
Purpose of Expenditure Printing		Category/ Type	N	12 08 7 2015	
Name of Federal Candidate		X Support	Office Sough	t: House District:00	
Bernie Sanders		Oppose	X Preside	ent Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought	, , ,	7484.44	Disbursemen 2016 O	t For:	
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	7384.44	
(b) SUBTOTAL of Unitemized Independent Expendent	liturae		. —		
(b) SOBTOTAL OF OTHER MIZE OF INDEPENDENT EXPEND				45 45	
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Carolyn Hietamaki Signature	[Electron	nically Filed] Date	12	10 / 2015	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INDENT EXICID	ITOTILO		PAGE 3 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) National Nurses United for Pati	ont Protoction		FEC II	DENTIFICATION NUMBER ▼		
National Nuises Officed for Pati	ent Protection		C	C00490375		
Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee California Nurses Association	า		M = M	c Distribution/Dissemination		
Mailing Address 2000 Franklin Street			12 Amount	07 2015		
City	State	Zip Code		100.00		
Oakland	CA	94612	Transaction Date of Disbu			
Purpose of Expenditure Online advertising		Category/ Type	M 12	09 2015		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Bernie Sanders		Oppose	President	Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		7484.44	Disbursement For: 2016 Other (sp	Primary General Decify) ▶		
Full Name of Payee			Date of Publi	ic Distribution/Dissemination		
Lamar Companies			12	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO Box 96030			Amount			
City	State	Zip Code		1974.00		
Baton Rouge	LA	70896	Transaction II Date of Disb	D: D691085 ursement or Obligation		
Purpose of Expenditure Print advertising		Category/ Type	12 M	09 / 2015		
Name of Federal Candidate		Support	Office Sought:	House District:00		
BERNARD SANDERS		Oppose	X President	Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		1974.00	Disbursement For: 2016 Other (s	Primary General pecify) ▶		
(a) CUPTOTAL of the mineral landers and art 5				007100		
(a) SUBTOTAL of Itemized Independent Ex	xpenaitures		. •	2074.00		
(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	7		
(c) TOTAL Independent Expenditures			•	19458.44		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Carolyn Hietamaki	[Electron	ically Filed] Date	12 / 10	2015		